

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2015 APR -9 AM 9:30
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Consumer Credit Insurance Association DBA Consumer Credit Industry
Association Political Action Committee

ADDRESS (number and street)

6300 Powers Ferry Road

Suite 600-286

Check if different
than previously
reported. (ACC)

Atlanta

GA

30339

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00550483

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:



April 15
Quarterly Report (Q1)



July 15
Quarterly Report (Q2)



October 15
Quarterly Report (Q3)



January 31
Year-End Report (YE)



July 31 Mid-Year
Report (Non-election
Year Only) (MY)



Termination Report
(TER)

(b) Monthly
Report
Due On:



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:



Primary (12P)



General (12G)



Runoff (12R)

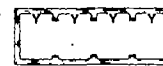


Convention (12C)



Special (12S)

Election on



in the
State of



(d) 30-Day
POST-Election
Report for the:



General (30G)

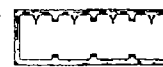


Runoff (30R)



Special (30S)

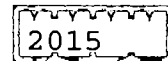
Election on



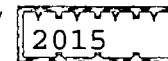
in the
State of



5. Covering Period



through



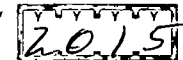
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dick Williams

Signature of Treasurer

Dick Williams

Date



NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Consumer Credit Insurance Association DBA Consumer Credit Industry
Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2015 | | 15,487.42 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 15,487.42 | |
| (c) Total Receipts (from Line 19) | 11,850.00 | 11,850.00 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 27,337.42 | 27,337.42 |
| 7. Total Disbursements (from Line 31) | 500.00 | 500.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 26,837.42 | 26,837.42 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | | |

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name Consumer Credit Insurance Association DBA Consumer
Credit Industry Association Political Action Committee

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other
Than Political Committees
(i) Itemized (use Schedule A).....

11,850.00

11,850.00

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

11,850.00

11,850.00

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

11,850.00

11,850.00

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

11,850.00

11,850.00

1

Page 4

COLUMN B
Calendar Year-to-Date

-

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Ex- penditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 11,850.00 | 11,850.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | | |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11,850.00 | 11,850.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | | |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | | |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | | |

114111140

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) Consumer Credit Insurance Committee DBA Consumer Credit Industry Association Political Action Committee

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Wenzl, Ann | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 |
| Mailing Address 18926 Nicholas Street | | Amount of Each Receipt this Period 500.00 |
| City Elkhorn | State Zip Code NE 68022 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer Central States Life | Occupation VP, Administration | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) B. Koch, Kelly J. C. | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 |
| Mailing Address 10284 Mary Street | | Amount of Each Receipt this Period 750.00 |
| City Omaha | State Zip Code NE 68122 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Central States Life | Occupation VP, New Business and Development | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. Dmytriw, William | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 |
| Mailing Address 1521 S. 175th Street | | Amount of Each Receipt this Period 750.00 |
| City Omaha | State Zip Code NE 68130 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 750.00 |
| Name of Employer Central States Life | Occupation Sales Director | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

| |
|----------|
| 2,000.00 |
| |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

| | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|
| FOR LINE NUMBER: | | PAGE | | OF | |
| (check only one) | | | | | |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full) Consumer Credit Insurance Committee DBA Consumer Credit Industry Association Political Action Committee

| | | | | | |
|---|--|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Dikken, David | | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 | | |
| Mailing Address 1937 Soren Drive | | | | | |
| City Blair | | State NE | Zip Code 68008 | | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | | Amount of Each Receipt this Period 600.00 | | |
| Name of Employer Central States Life | | Occupation VP, Chief Information Officer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 600.00 | | | |
| Full Name (Last, First, Middle Initial) B. Amodeo, Jaime | | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 | | |
| Mailing Address 12324 Decatur Street | | | | | |
| City Omaha | | State NE | Zip Code 68154 | | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | | Amount of Each Receipt this Period 500.00 | | |
| Name of Employer Central States Life | | Occupation VP, Chief Investment Officer | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |
| Full Name (Last, First, Middle Initial) C. McCaslin, Jacquelyn | | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 | | |
| Mailing Address 18901 Boyle Circle | | | | | |
| City Elkhorn | | State NE | Zip Code 68022 | | |
| FEC ID number of contributing federal political committee. <input checked="" type="checkbox"/> C | | | Amount of Each Receipt this Period 500.00 | | |
| Name of Employer Central States Life | | Occupation Chief Actuary | | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 500.00 | | | |
| SUBTOTAL of Receipts This Page (optional)..... | | | 1,600.00 | | |
| TOTAL This Period (last page this line number only)..... | | | | | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full) **Consumer Credit Insurance Association DBA Consumer Credit Industry Association Political Action Committee**

| | | |
|---|--|---|
| A. Kizer, Matthew Full Name (Last, First, Middle Initial) Mailing Address 5328 Nicholas Street City Omaha State NE Zip Code 68132 FEC ID number of contributing federal political committee. C Name of Employer Central States Life Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00 | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Amount of Each Receipt this Period 500.00 |
| B. Honz, Patrice Full Name (Last, First, Middle Initial) Mailing Address 2805 N. 161st Street City Omaha State NE Zip Code 68116 FEC ID number of contributing federal political committee. C Name of Employer Central States Life Occupation VP Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 500.00 | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Amount of Each Receipt this Period 500.00 |
| C. Kizer, T. Edward Full Name (Last, First, Middle Initial) Mailing Address 3415 N. 143rd Circle City Omaha State NE Zip Code 68164 FEC ID number of contributing federal political committee. C Name of Employer Central States Life Occupation Insurance Exec Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 2,000.00 | | Date of Receipt MM / DD / YYYY 02 / 20 / 2015 Amount of Each Receipt this Period 2,000.00 |
| SUBTOTAL of Receipts This Page (optional)..... | | 3,000.00 |
| TOTAL This Period (last page this line number only)..... | | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full) **Consumer Credit Insurance Association DBA Consumer Credit Industry Association Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Kizer, Richard

Mailing Address

9850 Bloomfield Drive

City

Omaha

State

NE

Zip Code

68114

FEC ID number of contributing federal political committee.

C

Name of Employer

Central States Life

Occupation

Insurance Exec.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3,000.00

Date of Receipt

02 / 20 / 2015

Amount of Each Receipt this Period

3,000.00

Full Name (Last, First, Middle Initial)

B. Smart, Rebecca

Mailing Address

1338 S. 35th Ave.

City

Omaha

State

NE

Zip Code

68105

FEC ID number of contributing federal political committee.

C

Name of Employer

Central States Life

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Wanning, Jeffrey

Mailing Address

17505 Wirt Street

City

Omaha

State

NE

Zip Code

68116

FEC ID number of contributing federal political committee.

C

Name of Employer

Central States Life

Occupation

Senior VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

02 / 20 / 2015

Amount of Each Receipt this Period

1,000.00

SUBTOTAL of Receipts This Page (optional)..... ►

4,500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full) **Consumer Credit Insurance Association DBA Consumer Credit Industry Association Political Action Committee**

Full Name (Last, First, Middle Initial)

A. Von Stein, Michael

Mailing Address

6676 Pine Bluff Road

City

Avoca

State

WI

Zip Code

53506

FEC ID number of contributing federal political committee.

C

Name of Employer

Central States Life

Occupation

VP of Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 20 / 2015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Magsam, Richard

Mailing Address

18411 Jefferson Street

City

Omaha

State

NE

Zip Code

68135

FEC ID number of contributing federal political committee.

C

Name of Employer

Central States Life

Occupation

VP and Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2015

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

11,850.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

PAGE OF

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NAME OF COMMITTEE (In Full) **Consumer Credit Insurance Association DBA Consumer Credit Industry Association Political Action Committee**

Full Name (Last, First, Middle Initial)

A.

Friends for Gregory Meeks

Mailing Address

499 South Capitol Street, SW, Ste. 422

City

Washington

State

DC

Zip Code

20001

Purpose of Disbursement

Contribution

Candidate Name

Gregory Meeks

Office Sought:

☒

House

☐

Senate

☐

President

State: **NY**

District: **5th**

Disbursement For:

☐

Primary

☒

General

☐

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

State:

District:

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

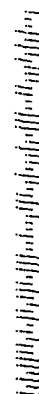
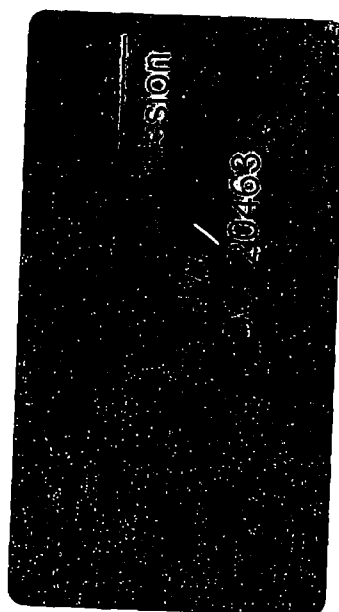
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►


015-H2651018
\$01.40
04/02/2015
Mailed From 38557
US POSTAGE

Hassler



RECEIVED
FEC MAIL CENTER
2015 APR -9 AM 9:30

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| <input type="checkbox"/> Hand Delivered | Date of Receipt |
| <input checked="" type="checkbox"/> USPS First Class Mail | Postmarked 4/2/15 Date of Receipt 4/9/15 |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
|  PREPARER | 4/9/15 DATE PREPARED |

(3/2015)